

**Title I Teacher Referral Form-Reading**  
**Grades K-2**

Student name: \_\_\_\_\_

Date: \_\_\_\_\_

Teacher name: \_\_\_\_\_

Date: \_\_\_\_\_

1. Based on classroom assessments, please indicate how this student is scoring in relation to the rest of the class.

Skill	Above average	Average	Below average	Date/Type of Assessment
Letter recognition				
Retells stories from pictures				
Decides what happens next in a story				
Puts story events in order				
Follows words on a printed page from left to right				
Matches sounds to letters				
Names upper and lower case letters				
Forms letters correctly				
Uses end marks correctly				

2. Where does this student rank overall in your classroom?

Top 1/3	Middle 1/3	Bottom 1/3

3. DIBELS score

Advanced	Benchmark	Strategic	Intensive

Scoring:

1. Enter one (1) point for each time the student scored Below Average.
2. Top 1/3=0 points      Middle 1/3=1point      Bottom 1/3=2 points
3. Advanced=0    Benchmark=0    Strategic=1    Intensive=2

Question	Points
1	
2	
3	
Total	

A final score of seven (7) points or more results in a referral for Title I services.